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PTO/SB/81 (01-09)

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Application Number	10/539,672
Filing Date	06-14-2005
First Named Inventor	Peter Gerardus Cox
Title	MASTITIS TREATMENT
Art Unit	1627
Examiner Name	JEAN-LOUIS, SAMIRA JM
Attorney Docket Number	1963-9527US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

SIGNATURE of Applicant or Assignee of Record

Signature	J.J.L. Mestrom	M.M.L. Aeerts	Date
Name			Telephone
Title and Company	Man. Counsel IP AH Vice President R & D Biol. Intervet International BV		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/96 (12/05)

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**STATEMENT UNDER 37 CFR 3.73(b)**

Attorney Docket Number: 1963-9527US

Applicant/Patent Owner: Intervet International B.V.Application No./Patent No.: 10/539,672Filed/Issue Date: June 14, 2005Entitled: MASTITIS TREATMENTIntervet International B.V.an entity of The Netherlands

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of less than the entire right, title, and interest

The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

In the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

**OR**

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: InventorsTo: Akzo Nobel N.V.The document was recorded in the United States Patent and Trademark Office at Reel 017328, Frame 0823, or for which a copy thereof is attached.2. From: Akzo Nobel N.V.To: Intervet International B.V.The document was recorded in the United States Patent and Trademark Office at Reel 018490, Frame 0365, or for which a copy thereof is attached.

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 Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

J.J.L. Mestrom

M.M.L. Agents

3 - 8 - 10

Date

Printed or Typed Name

Telephone Number

Man. Counsel IP AH Vice President R &amp; D Biol.

Title

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